				MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET			SERIAL NO.		FILING DATE	

| | | | | | | | APPLICANT(S) | | | |

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT				IND	DEP	IND	DEP	IND	DEP
	IND	DEP	IND	DEP	IND	DEP								
1	/						51							
2		/					52							
3		/					53							
4		3					54							
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45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	/						TOTAL IND.							
TOTAL DEP.	11						TOTAL DEP.							
TOTAL CLAIMS	12						TOTAL CLAIMS							